Care Quality Commission

Voyage 1 Limited

New Horizons

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection visit took place on 8 and 12 May 2015 and was unannounced.

New Horizons provides accommodation and personal care for up to three people who have learning disabilities or autistic spectrum disorder. There were two people using the service at the time of this inspection.

There was no registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home was currently being managed by a manager from another of the provider's services and there were plans to submit an application for registration.

Relatives confirmed that staff supported people to take planned risks to promote their independence. There were systems and processes in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Summary of findings

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Where people's liberty or freedoms were at risk of being restricted, the proper authorisations were in place or had been applied for.

People received regular and on-going health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

The atmosphere in the home was calm and staff interacted with people in a friendly and caring manner. Relatives described staff as "wonderful" and "brilliant". Staff involved people in making decisions and respected people's choices, privacy and dignity.

The service was responsive to people's needs and staff listened to what they and their relatives said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. Relatives were aware of the organisation's complaints procedure and told us they had never felt the need to use it.

People spoke positively about how the service was managed. There was an open and inclusive culture within the service, which encouraged people's involvement and their feedback was used to drive improvements. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff had a clear understanding of what constituted potential abuse and of their responsibilities for reporting suspected abuse.

People were supported to take planned risks to promote their independence and staff were provided with appropriate guidance.

Staffing levels were sufficient and organised to take account of people's planned activities and support needs.

People's medicines were managed appropriately so that they received them safely.

Good

Is the service effective?
The service was effective.

Staff received training and supervision to help ensure they had the right, knowledge and skills to effectively deliver care and support.

People's consent to care and support was sought in line with relevant legislation and guidance.

People were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

People received regular and on-going health checks and support to maintain their health.

Good

Is the service caring?
The service was caring.

Staff had developed positive caring relationships with people using the service.

People and their families were supported to express their views and be involved in making decisions about their care and support.

Staff worked in a manner that respected people's choices, privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People were supported to do the things that interested them. Care plans were tailored to each individual and reflected their personal preferences.

Staff were prompt to raise issues about people's health and people were referred to health professionals when needed.

Good

Summary of findings

The service continuously reviewed and updated the plans for supporting people, based on consultation and observation of their changing needs.

Is the service well-led?

Requires Improvement

People spoke positively about the manager and staff and for the way in which the home was run. However, there was no registered manager in place. There were plans to submit an application.

There was an open and positive culture within the service. The involvement of people, their families and staff was encouraged and their feedback was used to drive improvements.

There was a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving the best possible support.

New Horizons

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 12 May 2015 and was unannounced. The inspection was carried out by one inspector, due to the small size of the home and people's complex needs.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we met the two people who used the service. Due to their difficulties communicating verbally, we were not able to seek in any detail their views about the care and support they received. We therefore spent time observing interactions between staff and people who used the service. Following the inspection we spoke with two relatives and obtained their views about the care provided at New Horizons. We also received feedback from an external health and social care professional who had previous involvement with the service.

We also spoke with three support workers and the manager. We reviewed a range of care and support records for both people, including care needs assessments, medicine administration records, health monitoring and daily support records. We also reviewed records about how the service was managed, including risk assessments and quality audits.

This was the first inspection of New Horizons since the current provider took over the running of the service in July 2014.

Good

Is the service safe?

Our findings

People were supported to take planned risks to promote their independence. Relatives confirmed that staff understood risk and worked in ways that promoted people's safety. One relative told us staff assessed each new activity before the person took part in it: "They will always look at something or somewhere before they take him".

Staff demonstrated a clear knowledge and understanding of people's support and risk management plans. For example, staff were able to explain how they had supported one person to achieve greater independence in performing personal care tasks.Through assessing and managing risk effectively staff had successfully supported another person to attend an external golfing activity they were interested in. Risk assessment and management plans were also in place to support people to do other activities they enjoyed, such as swimming.

Staff were aware of the policy and procedures for protecting people from abuse or avoidable harm, which were available in the office. They understood the possible signs that could indicate abuse and were confident that any issues they reported would be responded to appropriately by the organisation. There was also a policy protecting staff if they needed to report concerns to other agencies in the event of the organisation not taking appropriate action. A clear system of checks was in place in relation to staff supporting people with their finances, where appropriate, including records of income, expenditure and balance checks.

Staff were aware of the provider's policy and guidelines around the use of control and restraint, which stipulated that no form of physical intervention could be used unless authorised through a clear process of assessment and approval. They had received training on the management of behaviours that challenge using non-confrontational techniques, and told us that physical intervention was not applicable to either person who lived in the home.

Staffing levels were sufficient to keep people safe. The service currently had seven staff in addition to the manager and this included night staff. This reflected the support needs of the people who lived in the home. The rota showed there were early, late and additional shifts during the day to support people to do their chosen activities. An on-call system was in place to deal with emergencies including any unforeseen staff shortages. At the time of the inspection, a member of the regular staff had come in to cover another staff member's shift at short notice. Staff and the manager told us the team worked well together in this way to provide continuity of care and support to people. They said there was no agency staff use and the staffing levels met people's needs.

A system was in place to keep track of and record relevant checks that had been completed for all staff who worked in the home. We looked at the records of a member of staff recently recruited by the current provider. The records included police checks, references from previous employers and employment histories. These measures helped to ensure that only suitable staff were employed to support people who used the service.

Appropriate arrangements were in place for managing the small amount of medicines that people were prescribed. Medicines were stored in a purpose built cabinet and up to date records were kept of their receipt, administration and daily stock checks. Staff received training in the safe administration of medicines and this was followed by competency checks. They described the procedure for giving a person an 'as required' medicine for mild pain relief, which was detailed in the person's support plan.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills they needed to carry out their roles and responsibilities. A relative said the staff "All seem to support each other" and told us how, during the early period of the person's admission to the service, staff had "Coped with behaviours (that were challenging). They stayed the course, they were wonderful". They added "They have completely turned him round. They will go the extra mile. I cannot praise them enough. He visits at home again now and I can share a joke with him".

A health and social care professional who had visited the home told us the service appeared to support people well. There was good interaction between staff and people living in the home; and that staff had a good understanding of people's needs and preferences. A person who had moved to another home within the organisation had a good transition plan, which had involved visits to ensure they became familiar with the new environment prior to the move and staff from New Horizons had supported them to settle into the new placement.

Staff confirmed they had received an induction and training that was relevant to their role and supported them to meet people's needs. The training programme and record of attendance showed staff had received an induction based on the Skills for Care common induction standards, which, at the time the staff were employed, were the standards people working in adult social care needed to meet before they could safely work unsupervised. New staff also shadowed more experienced staff while getting to know about people's needs and preferences, support plans and risk assessments.

Most of the training programme was delivered by e-learning, with some face to face training. Staff told us they found face to face training more beneficial and the manager was looking into having further training delivered in this way, for example supervision training. In addition to essential training to carry out their roles safely, staff attended autism awareness and non-confrontational interventions training and were encouraged to undertake diplomas in health and social care. At the time of this inspection four of the seven staff had completed diplomas. Staff told us they felt well supported and that they received regular supervision and an annual appraisal of their work.

We saw a record and on-going plan of these meetings. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. Staff had received training in the fundamental principles of the MCA and demonstrated an understanding of these. Staff were aware that in the event that decisions needed to be made about issues such as surgical procedures, a mental capacity assessment would need to be completed. Mental capacity assessments had been completed for aspects of care such as people receiving support to take medicines. For one person, a mental capacity assessment and best interest meeting had taken place in relation to them being supported to have limited internet access.

A health and social care professional who had reviewed some of the care and support records also confirmed that mental capacity and consent had been considered with best Interest decisions recorded where necessary; and people were encouraged to express their day to day choices.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The manager understood when a DoLS application should be made and how to submit one. Following a Supreme Court judgement which clarified what deprivation of liberty is, the management had reviewed people in light of this and submitted applications to the local authority.

People were effectively supported to eat and drink enough to meet their needs. Staff used pictures of different foods and a wide range of meals in order to encourage people to make informed choices about what to eat. People were supported to shop for and help prepare their meals if they wished. Staff told us how they promoted healthy food options and we saw the home was well stocked with

Good

Is the service effective?

various foods including fresh fruit. Staff were supporting one person who had a special diet and this included visits to a dietician. Staff told us how they encouraged the person to try a wider range of foods, while respecting their choices.

People had access to healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their care and support to ensure this was delivered effectively. This included GP services, chiropody and dentistry. Each person had a Health Action Plan that included a routine health check and review at least annually. People also had a hospital passport in readiness should they require hospital treatment. The aim of a hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

Good

Is the service caring?

Our findings

Through observation and talking with relatives and staff it was evident that positive caring relationships were developed with people using the service. A relative told us they were "Thrilled with how staff are supporting (the person)" who was now "More communicative and responsive" during interaction with others. They added "He is so relaxed when he comes home". Another relative said "The staff are brilliant. They learned to calm him down. He is very settled and gets on well with them all. Now when we visit he says 'This is my home' and invites us in".

The atmosphere in the home was calm and staff interacted with people in a friendly and caring manner, responding promptly to people's questions and requests for support. One person had been to a 'fun cooking' activity, which they said they enjoyed, and was offering cakes they had made to the manager and staff.

Relatives told us the staff respected people's privacy, dignity and independence. One remarked "They respect it's his time when he wants to be quiet, they leave him alone. He trusts the staff. The staff encourage him but nothing is ever forced on him, such as personal care, haircuts and shaving. He chooses what he wants to wear". The other relative said staff consistently reinforced the person's right to privacy, for example by saying "This is your time; this is your room".

We saw staff treated people with respect and supported them in ways that upheld their privacy and dignity, for example when offering to assist them with their daily routines. One person had an interest in filming and photography and staff supported them to do this in ways that protected other people's privacy and choices. People were able to spend time alone in their rooms and staff respected this and did not enter people's rooms without their permission. People's ideas and contributions to the decoration of the home were valued; an ornamental house number and decorated flower pots that people had made were on display at the front of the house. One person showed us the garden and pond, which they had been actively involved in renewing and was clearly very proud of their achievement.

The service supported people to express their views and be involved in making decisions about their care and support. Monthly meetings took place between individuals and their key workers, to ensure that they were consulted and informed about their support and what happened in the home. Key working is a system where one member of care staff takes special responsibility for supporting and enabling a person. The aim of this system is to maximise the involvement and help to build relationships between people using the service and staff.

People and their relatives were involved in annual service reviews, when the person's overall care and support, goals and achievements were discussed. We saw some recorded feedback from one relative, who praised the staff for the care they provided for their relative and the peace of mind this gave them. The feedback informed us that staff were open to new ideas and suggestions and always willing to try any new activities people may enjoy and gain something from. A record of feedback from a visiting health and social care professional during one review told us that staff were friendly, well informed and knew the person's needs very well. The record stated they had found the staff open, honest and keen to ensure the person was safe, secure and felt valued.

The manager and staff were aware of the importance of assessing any potential new admissions to the service in terms of compatibility with the two people currently there. The manager had been able to say no to potential referrals with the support of the organisation.

Good

Is the service responsive?

Our findings

The service routinely listened and learned from people's experiences. Relatives said they were invited to take part in reviews and were asked for their views about the care and support being provided. One told us how they were involved in the person's care and support and encouraged to take part in their planned activities. They said staff were very aware of and responsive to the person's needs and had "Worked wonders" through supporting them in ways that promoted their wellbeing. For example the person had developed increased social skills and now enjoyed going swimming. Another said staff knew the person well, what he liked and disliked, and supported him to enjoy activities involving animals, fishing and pottery.

People's care plans and records were personalised and provided detailed information about their preferences and choices. Relatives had assisted in providing information about people's personal and social histories, which helped staff to know people better. Staff demonstrated an in-depth knowledge and understanding of people's care and support needs and the strategies in place for meeting them. For example, staff told us how individuals communicated their needs and wishes and the agreed methods for staff supporting them. One person used a white board and a computer to communicate with staff.

All staff contributed to keeping peoples' care and support plans up to date and accurate. People's keyworkers maintained monthly recording workbooks that covered all aspects of a person's care and support. This included health, emotional wellbeing, personal care, risk assessments, contacts, social events, goals and accomplishments. Records showed staff were prompt to raise issues about people's health and people were referred to health professionals when needed. A health and social care professional confirmed the service had engaged the input of specialists from the community learning disability teams to support people, such as speech and language therapist, behaviour support and recently occupational therapy.

The manager informed us that health and social care professionals from within and outside Voyage Care, such as the community learning disability team, were working with the people they supported as part of an effort to help people contribute to the development of their support plans and the on-going review process. There were plans in place to re-evaluate the support plans and complete them in a format that the people being supported found more engaging, to further promote and develop ownership of their own support plans.

Staff were supporting people to plan holidays and with personal goal setting, which included both home based and community based activities. The staff rota was based on people's assessed support needs for personal care and activities within and outside of the home. Staff told us they always looked for new activities and encouraged people to "broaden their horizons". One example staff gave was the discovery of a new area where a person liked going, which provided a safe environment where they could enjoy their hobby of taking photographs.

A complaints procedure was available in written and pictorial formats to assist people to make a complaint. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns. Relatives were aware of the organisation's complaints procedure and told us they had never felt the need to use it. The manager showed us a record detailing the action that had been taken to respond to and address a concern.

Requires Improvement

Is the service well-led?

Our findings

The service had been without a registered manager since 16 March 2015. The home was currently being managed by a manager from another of the provider's services and the operations manager told us there were plans to submit an application for registration. Until services have a registered manager application accepted by the Care Quality Commission (CQC) we are only able to judge that the leadership of the service requires improvement. However, people spoke positively about the organisation and management of the service.

Relatives said they felt people received a good quality service and confirmed they were involved and kept informed of any changes. One said "I am so pleased with everything". Staff told us the manager was "Doing an excellent job" and that they had put him forward for a 'manager of the year' award within the organisation. Staff said they were part of a "Very happy team".

The manager was promoting an open and empowering culture within the service and was keen on promoting the sharing of responsibility among all staff members. He was supporting a member of staff who wanted to be more involved in aspects of home management, which demonstrated the manager took an interest in the further development of staff. There were clear lines of accountability in the service. Shift leaders were clearly identified on daily rotas and staff were aware of procedures for contacting on-call senior staff if necessary.

The manager had identified areas where improvements or developments were needed and spoke positively about working through the recent organisational and management changes with the inclusion of the established staff team, so that people continued to receive consistent and high quality care. The manager said he felt well supported by the provider organisation. The manager informed us of plans for the on-going development of the service over the next six months. The provider had been running the service since July 2014 and they were now looking at implementing their corporate system of annual surveys to find out more about people's views of the quality of the service. The manager was scheduling in appraisals for all staff over the next two months.

Staff demonstrated their awareness of the organisation's statement of purpose and the aims and values of the service. They talked about supporting people in ways that promoted their rights, choices and independence and improved their quality of life. Staff told us they felt "Very involved" in the daily running of the service. The manager discussed potential new referrals with the staff team and asked for their opinions. Staff told us "We're looking for someone who fits in with (the current people)". They said the manager "Wants it to be right. We don't want something to fail". The manager told us "We don't rush things. We're talking about people's lives".

Records of team meetings showed that staff were asked for their input in developing and improving the service. On-going agenda items included policy updates, safeguarding people, health and safety, and discussion about ensuring good practice. Any actions identified at previous meetings were reviewed and updated at subsequent meetings. Registered managers meetings were held each month and were used as an opportunity to share good practices with other registered managers. The manager had the updated guidance in relation to recent changes in the legislation affecting care homes and demonstrated knowledge of the guidance.

The manager completed a weekly service report that contained information about any incidents or accidents. This report was sent to the organisation's quality assurance team, who contacted the manager for further details and provided support if and when appropriate. The quality assurance team carried out unannounced audits of the service to check on standards of quality and safety. The manager also undertook a quarterly audit of the service, which was checked and monitored by a senior manager. Where necessary, action plans were created and followed up until the actions were completed. The manager gave an example of how, following a particular incident, learning had taken place and changes were implemented. Following an incident in the garden, more appropriate garden furniture had been purchased and repositioned, so that a safer environment was available for people to enjoy.

A health and social care professional told us the service had worked well in partnership with them when this had been necessary. They said the management had been open and transparent and also proactive in improving the home environment to promote a more homely feel. The manager appeared to have a good understanding of the complex needs of people who used the service and had developed good relations with them.